Case 23-10488-MBK Doc 9 Filed 02/21/23 Entered 02/21/23 11:27:38 Desc Main Document Page 1 of 45

| Fill in this inform | ation to identify your | case: | |
|---|------------------------|------------------------|-----------|
| Debtor 1 | Amos Osborne | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | |
| | 3-10488 | | |
| (if known) | | | |
| | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

| | Your as | ssets f what you own |
|--|--|---|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 350,000.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 75,025.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 425,025.00 |
| t 2: Summarize Your Liabilities | | |
| | | abilities you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 226,662.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 6,965.00 |
| Your total liabilities | \$ | 233,627.00 |
| t 3: Summarize Your Income and Expenses | | |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 9,394.61 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 5,523.00 |
| t 4: Answer These Questions for Administrative and Statistical Records | | |
| Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sch | edules. |
| ■ Yes What kind of debt do you have? | | |
| | 1a. Copy line 55, Total real estate, from Schedule A/B | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Amos Osborne Case number (if known) 23-10488

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____12,657.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total . Add lines 9a through 9f. | \$ | 0.00 |

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| | | | | Doo | ument | Page 3 of 45 | -, - 0 | | | |
|------------------------------|----------------------------------|--|-----------------------|--|--------------------|---|---|--------------|---------------------------------------|--|
| Fill in this | s information | to identify | your case and th | is filing |): | | | | | |
| Debtor 1 | Am | os Osbo | rne | | | | | | | |
| D - l- (0 | First | Name | Middle | Name | | Last Name | | | | |
| Debtor 2 (Spouse, if fili | ing) First | Name | Middle | Name | | Last Name | | | | |
| United Sta | ates Bankruptc | y Court for | the: DISTRICT | OF NEV | V JERSEY | | | | | |
| Case num | nber 23-104 | 88 | | | | | | | ☐ Check if this is an | |
| | 25 104 | | | | | - | | | amended filing | |
| o | | 004/5 | | | | | | | | |
| _ | <u>ll Form 1</u> | _ | _ | | | | | | | |
| Sche | dule A | /B: Pi | roperty | | | | | | 12/15 | |
| Answer eve | ry question. | | · | | | e top of any additional pages, wn or Have an Interest In | write your na | ine and case | number (ii known). | |
| _ | o to Part 2. Where is the pro | perty? | | | | | | | | |
| 1.1 | | | | What | is the propert | y? Check all that apply | | | | |
| | Wayside Rd | | a a via ti a a | | Single-family | home | | | ims or exemptions. Put | |
| Street | address, ii avallabii | ddress, if available, or other description | | e, or other description Duplex or multi-unit building Condominium or cooperative | | - | the amount of any secured Creditors Who Have Claim | | | |
| | | | | П | Manufactured | or mobile home | | | | |
| Nep | tune | NJ | 07753-0000 | | Land | TOT MODILE HOME | Current valuentire prope | | Current value of the portion you own? | |
| City | | State | ZIP Code | | Investment pr | roperty | \$350 | 0,000.00 | \$350,000.00 | |
| | | | | | Timeshare Other | | | | our ownership interest | |
| | | | | | | t in the property? Check one | (such as fee a life estate) | | incy by the entireties, or | |
| | | | | | Debtor 1 only | | | | | |
| Mon | mouth | | | | Debtor 2 only | | | | | |
| County | у | | | | Debtor 1 and | | | | munity property | |
| | | | | Othor | | of the debtors and another rou wish to add about this item | (see instr | , | | |
| | | | | | erty identificat | | i, Sucii as ioc | aı | | |
| | | | | | , | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | from Part 1, including any | | | \$350,000.00 | |
| payes | o you nave all | acricu ill | i ait i. vviite tiidt | numbe | | | = | <i>-</i> | . , | |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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| Deb | tor 1 A | mos Osborn | ie | | Case number (if known) | 23-10488 |
|-------------|------------|---------------------------|------------------------|--|---------------------------|--|
| 3. C | ars. vans. | trucks, tracto | rs. sport utility vel | hicles, motorcycles | | |
| | | , | , . | , | | |
| | No | | | | | |
| | Yes | | | | | |
| | | | | | | |
| 3.1 | Make: | Chevy | | Who has an interest in the property? Check one | | ured claims or exemptions. Put secured claims on Schedule D: |
| | Model: | Suburban | | ■ Debtor 1 only | Creditors Who Ha | ve Claims Secured by Property. |
| | Year: | 2000 | | Debtor 2 only | Current value of | the Current value of the |
| | Approxin | nate mileage: | 250,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | | ☐ At least one of the debtors and another | | |
| | | | | | \$3,750 | 0.00 \$3,750.00 |
| | | | | Check if this is community property (see instructions) | Ψ5,7 5 0 | —————————————————————————————————————— |
| | | El | | | Do not deduct sec | ured claims or exemptions. Put |
| 3.2 | Make: | Ford | | Who has an interest in the property? Check one | the amount of any | secured claims on Schedule D: |
| | Model: | Eve 250 | | Debtor 1 only | Creditors Who Ha | ve Claims Secured by Property. |
| | Year: | 2002 | 100.000 | Debtor 2 only | Current value of | |
| | | nate mileage: _ ormation: | 160,000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other ini | ormation. | | At least one of the debtors and another | | |
| | | | | Check if this is community property (see instructions) | \$6,000 | 9.00 \$6,000.00 |
| | | | | | | |
| 4. W | atercraft, | aircraft, motor | r homes, ATVs an | d other recreational vehicles, other vehicles, | , and accessories | |
| Ex | amples: B | oats, trailers, m | notors, personal wa | tercraft, fishing vessels, snowmobiles, motorcyc | cle accessories | |
| _ | | | | | | |
| | No | | | | | |
| | Yes | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | n for all of your entries from Part 2, including | | \$9,750.00 |
| 1 | | | | | | |
| Part | 3: Descri | be Your Persona | al and Household Ite | ems | | |
| Do | ou own c | r have any leg | gal or equitable int | erest in any of the following items? | | Current value of the |
| | | | | | | portion you own? |
| | | | | | | Do not deduct secured claims or exemptions. |
| | | goods and fur | | | | ciamic of exemplione. |
| | _ ′ | Major appliance | es, furniture, linens, | china, kitchenware | | |
| | l No | | | | | |
| | Yes. De | scribe | | | | |
| | | | Household Goo | ds and furnishings | | |
| | | | | /ayside Rd, Neptune NJ 07753 | | \$0.00 |
| | | | | · · · | | |
| 7 F | ectronics | | | | | |
| | | | d radios; audio, vide | eo, stereo, and digital equipment; computers, pr | inters, scanners; music c | ollections; electronic devices |
| | • | | · | edia players, games | • | |
| |] No | | | | | |
| | Yes. De | scribe | | | | |
| | | Г | OTV Dealston | ad One Lanton Playatation 4 and New to | ndo Switch | \$375.00 |
| | | L | SIV, Desktop ar | nd One Laptop, Playstation 4 and Ninter | iuo Switch | |
| | | | | | | |

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

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| D | ebtor 1 | Amos Osboi | rne | | Case number (if known) | 23-10488 |
|----|----------------------------|--|-------------------------------|--|--------------------------------|--|
| | ☐ Yes. | Describe | | | | |
| 9. | | ent for sports ares: Sports, photo musical instru | graphic, exercise, and othe | er hobby equipment; bicycles, pool tab | oles, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | | Describe | | | | |
| | – 165. | Describe | | | | |
| | | | Music Equipment | | | \$3,100.00 |
| 10 | | | s, shotguns, ammunition, al | nd related equipment | | |
| | ■ No □ Yes. | Describe | | | | |
| 11 | . Clothes | s | | | | |
| | Examp ■ No | oles: Everyday cl | othes, furs, leather coats, d | lesigner wear, shoes, accessories | | |
| | ☐ Yes. | Describe | | | | |
| 12 | ■ No | | welry, costume jewelry, enç | gagement rings, wedding rings, heirloc | om jewelry, watches, gems, ç | old, silver |
| | | | | | | |
| 13 | | rm animals bles: Dogs, cats, | birds, horses | | | |
| | _ | Describe | | | | |
| | | | One Dog | | | \$0.00 |
| | | | | | | |
| 14 | . Any o th ■ No | her personal an | d household items you di | id not already list, including any hea | alth aids you did not list | |
| | ☐ Yes. | Give specific inf | ormation | | | |
| 1 | | | | Part 3, including any entries for pa | ges you have attached | \$3,475.00 |
| Р | art 4: Des | scribe Your Finan | cial Assets | | | |
| D | o you ow | n or have any l | egal or equitable interest | in any of the following? | | Current value of the portion you own? Do not deduct secured |
| | | | | | | claims or exemptions. |
| 16 | i. Cash Examp ■ No | oles: Money you l | have in your wallet, in your | home, in a safe deposit box, and on h | and when you file your petiti | on |
| | | | | | | |
| 17 | Examp | | | ecounts; certificates of deposit; shares nts with the same institution, list each. | | nouses, and other similar |
| | □ No ■ Yes | | | Institution name: | | |
| | | | 17.1. Checking | PNC | | \$1,800.00 |
| | | | iii.i. Gilcoming | · · · - | | Ψ.,σσσιοσ |

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| De | ebtor 1 | Amos Osborne | | Case i | number (if known) | 23-10488 |
|-----|-----------------|--|-----------------------------|--|-----------------------|--|
| 18. | Examp | , mutual funds, or publicly traded stoples: Bond funds, investment accounts w | | oney market accounts | | |
| | ■ No | Institution or | icauer name: | | | |
| | ⊔ Yes | Institution or | issuer name. | | | |
| 19. | joint v | ublicly traded stock and interests in i enture | ncorporated and unin | corporated businesses, incl | uding an interest i | n an LLC, partnership, and |
| | ■ No | | | | | |
| | ⊔ Yes. | Give specific information about them Name of entity: | | % of | ownership: | |
| | Negoti | nment and corporate bonds and othe iable instruments include personal chec egotiable instruments are those you car | ks, cashiers' checks, p | omissory notes, and money or | | |
| | ☐ Yes. | Give specific information about them Issuer name: | | | | |
| 21. | | nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 40 | 01(k), 403(b), thrift savii | ngs accounts, or other pension | or profit-sharing pla | ans |
| | Yes. | List each account separately. | | | | |
| | | Type of account: | Institution | name: | | |
| | | Pension | Pension | with State | | \$60,000.00 |
| | ■ No | oles: Agreements with landlords, prepaid | , | ectric, gas, water), telecommu name or individual: | nications companie | s, or others |
| 23. | Annuiti ■ No | ies (A contract for a periodic payment of | of money to you, either | or life or for a number of years | ·) | |
| | ☐ Yes | Issuer name and descrip | otion. | | | |
| 24. | | ts in an education IRA, in an account C. §§ 530(b)(1), 529A(b), and 529(b)(1) | | rogram, or under a qualified | state tuition progr | am. |
| | ☐ Yes | Institution name and des | cription. Separately file | the records of any interests.1 | U.S.C. § 521(c): | |
| 25. | Trusts, ■ No | , equitable or future interests in prop | erty (other than anyth | ing listed in line 1), and righ | ts or powers exerc | isable for your benefit |
| | | Give specific information about them | | | | |
| 26. | | s, copyrights, trademarks, trade secroles: Internet domain names, websites, | | | | |
| | ■ No | Give specific information about them | | | | |
| | | es, franchises, and other general into | | | | |
| 21. | | oles: Building permits, exclusive license | | on holdings, liquor licenses, p | rofessional licenses | |
| | | Give specific information about them | | | | |
| Mo | oney or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

Case 23-10488-MBK Doc 9 Filed 02/21/23 Entered 02/21/23 11:27:38 Page 7 of 45 Document Debtor 1 **Amos Osborne** Case number (if known) 23-10488 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No $\hfill\square$ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$61,800.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above Case 23-10488-MBK Doc 9 Filed 02/21/23 Entered 02/21/23 11:27:38 Desc Main Document Page 8 of 45

Case number (if known) 23-10488 Debtor 1 **Amos Osborne** 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$350,000.00 Part 2: Total vehicles, line 5 \$9,750.00 Part 3: Total personal and household items, line 15 \$3,475.00 Part 4: Total financial assets, line 36 \$61,800.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$75,025.00 Copy personal property total \$75,025.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$425,025.00

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | | | | |
|---|--------------|------------------------|-----------|--------------------------------------|
| Debtor 1 | Amos Osborne | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | | |
| Case number | 23-10488 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
| | |

| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
|----|--|--|-----|---|------------------------------------|--|--|--|--|
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/B | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | |
| | 630 Wayside Rd Neptune, NJ 07753 Monmouth County | \$350,000.00 | | \$27,900.00 | 11 U.S.C. § 522(d)(1) | | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2000 Chevy Suburban 250,000 miles Line from Schedule A/B: 3.1 | \$3,750.00 | | \$3,750.00 | 11 U.S.C. § 522(d)(2) | | | | |
| | Line from ochodale Adb. G.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 3TV, Desktop and One Laptop, Playstation 4 and Nintendo Switch | \$375.00 | | \$375.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Checking: PNC Line from Schedule A/B: 17.1 | \$1,800.00 | | \$1,475.00 | 11 U.S.C. § 522(d)(5) | | | | |
| | Line nom ochequie A/D. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Pension: Pension with State Line from Schedule A/B: 21.1 | \$60,000.00 | | \$60,000.00 | 11 U.S.C. § 522(d)(12) | | | | |
| | LINE HOLL SCHEUZIE AVD. Z 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |

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| Эе | btor 1 | Amos Osborne | Case number (if known) | 23-10488 |
|----|--------|--|-----------------------------------|----------|
| 3. | • | ou claiming a homestead exemption of more than \$189,050? ect to adjustment on 4/01/25 and every 3 years after that for cases filed on c | or after the date of adjustment.) | |
| | | No | | |
| | | Yes. Did you acquire the property covered by the exemption within 1,215 da | ys before you filed this case? | |
| | | □ No | | |
| | | □ Yes | | |

Casa 23-10/88-MRK Filed 02/21/23 Entered 02/21/23 11:27:38

| Case 23-10400- | Document | Page 11 | of 45 | 11.27.30 Des | Civialli |
|---|--|-----------------|--|-----------------------|----------------------|
| Fill in this information to identi | | . ago 11 | | | |
| Debtor 1 Amos Osb | orno | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court f | or the: DISTRICT OF NEW JERSEY | | | | |
| Case number 23-10488 | | | | | |
| (if known) | | | | _ | if this is an |
| | | | | ameno | led filing |
| Official Form 106D | | | | | |
| | ors Who Have Claims S | Secure | d by Property | v | 12/15 |
| | | | <u> </u> | | If |
| | sible. If two married people are filing togethe, fill it out, number the entries, and attach it t | | | | |
| Do any creditors have claims secu | ured by your property? | | | | |
| ☐ No. Check this box and su | bmit this form to the court with your other | schedules. Y | ou have nothing else to | report on this form. | |
| Yes. Fill in all of the inform | nation below | | ŭ | · | |
| | | | | | |
| Part 1: List All Secured Clair | | | Column A | Column B | Column C |
| | or has more than one secured claim, list the creditor has a particular claim, list the other creditors | | Amount of claim | Value of collateral | Unsecured |
| | phabetical order according to the creditor's name | | Do not deduct the | that supports this | portion |
| 2.1 Pnc Mortgage | Describe the property that secures the | he claim: | value of collateral. \$226,662.00 | claim \$350,000.00 | If any \$0.00 |
| Creditor's Name | 630 Wayside Rd Neptune, N. | J 07753 | _ | | |
| | Monmouth County | | | | |
| Attn: Bankruptcy | As of the date you file, the claim is: | Check all that | | | |
| Po Box 8819 Dayton, OH 45401 | apply. | | | | |
| Number, Street, City, State & Zip Coo | Contingent | | | | |
| Number, Street, City, State & Zip Col | de ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | ☐ An agreement you made (such as n | mortgage or sec | cured | | |
| ☐ Debtor 2 only | car loan) | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| ☐ At least one of the debtors and and | other Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset) | | | | |
| Opened | I | | | | |

| Add the dollar value of your entries in Column A on this page. Write that number here: | \$226,662.00 |
|--|--------------|
| f this is the last page of your form, add the dollar value totals from all pages. Write that number here: | \$226,662.00 |

Last 4 digits of account number

Part 2: List Others to Be Notified for a Debt That You Already Listed

06/09 Last Active

Date debt was incurred 8/17/22

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

0547

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| | | Document | Page 12 | 2 of 45 | | |
|---|--|---|-----------------------------|---|-----------------------------|---|
| Fill in this i | information to identify your ca | se: | | | | |
| Debtor 1 | Amos Osborne | | | | | |
| Dobioi i | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | | | |
| United State | es Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | | |
| Case numb | er 23-10488 | | | | □ CI | heck if this is an |
| | | | | | ar | mended filing |
| Official F | Form 106E/F | | | | | |
| | le E/F: Creditors Wh | o Have Unsecured | Claims | | | 12/15 |
| Schedule G: Schedule D: left. Attach th name and cas | y contracts or unexpired leases th Executory Contracts and Unexpire Creditors Who Have Claims Secure the Continuation Page to this page. se number (if known). List All of Your PRIORITY Unse | ed Leases (Official Form 106G). I ed by Property. If more space is If you have no information to re | Do not include needed, copy | any creditors with partially se the Part you need, fill it out, nu | cured claims tumber the ent | that are listed in ries in the boxes on the |
| 1. Do any o | creditors have priority unsecured of | claims against you? | | | | |
| ■ No. G | Go to Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| — 103. | | | | | | |
| Part 2: | ist All of Your NONPRIORITY | Unsecured Claims | | | | |
| 3. Do any o | creditors have nonpriority unsecur | ed claims against you? | | | | |
| □ No. Y | ou have nothing to report in this part | . Submit this form to the court with | your other sche | edules. | | |
| Yes. | | | , | | | |
| unsecure | of your nonpriority unsecured clair ed claim, list the creditor separately for creditor holds a particular claim, list | or each claim. For each claim listed | d, identify what t | ype of claim it is. Do not list clair | ms already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 Po | rtfolio Recovery Associate | s. LLC Last 4 digits of acc | count number | 4975 | | \$921.00 |
| Non | priority Creditor's Name | | | | - | |
| | n: Bankruptcy | | | Opened 06/21 Last A | ctive | |
| | Corporate Boulevard Corporate Boulevard | When was the deb | t incurred? | 05/18 | | |
| | nber Street City State Zip Code | As of the date you | file, the claim i | s: Check all that apply | | |
| | o incurred the debt? Check one. | · | • | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and anoth | _ ' | RITY unsecured | d claim: | | |
| | Check if this claim is for a commu | | | | | |
| deb | | - | | ration agreement or divorce that | t you did not | |
| | • | <u>-</u> ' ' ' | | g plans, and other similar debts | | |
| | | • | • | Company Account Citib | | |
| _ | | - Other, Specify | | | | |

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Debtor 1 Amos Osborne Case number (if known) 23-10488 4.2 TIAA Bank Last 4 digits of account number 7248 \$6,044.00 Nonpriority Creditor's Name Opened 01/17 Last Active 301 W Bay St When was the debt incurred? 04/19 Jacksonville, FL 32202 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Unsecured

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 7 | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | T | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 6,965.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 6,965.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Fill in this information to identify your case: | | | | | | | | |
|---|--------------|------------------------|-----------|-----------------------|--|--|--|--|
| Debtor 1 | Amos Osborne | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JERSEY | | | | | | |
| Case number | 23-10488 | | | | | | | |
| (if known) | | | | ☐ Check if this is an | | | | |
| | | | | amended filing | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Otato | Zii Oodc | |
| 0 | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | , | | | 1000 | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |

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| | | Docume | in indgo ±0 0 | 1 70 | |
|--|---|--|--|--|---|
| Fill in this | information to identify your | case: | Ü | | |
| Debtor 1 | Amos Osborne | | | | |
| . | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filin | g) First Name | Middle Name | Last Name | | |
| United Stat | es Bankruptcy Court for the: | DISTRICT OF NEW JEE | RSEY | | |
| Case numb | per 23-10488 | | | _ | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| Official | Form 106H | | | | |
| <u>Sched</u> | ule H: Your Cod | ebtors | | | 12/15 |
| 1. Do y No Yes 2. With Arizona No. Yes. 3. In Coluin line | a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spout umn 1, list all of your codebt 2 again as a codebtor only i | you are filing a joint case, on lived in a community property Nevada, New Mexico, Puruse, or legal equivalent live ors. Do not include your fithat person is a guarantic source. | operty state or territor erto Rico, Texas, Washi with you at the time? | y? (Community proper ington, and Wisconsin.) if your spouse is filin sure you have listed t | ty states and territories include) ng with you. List the person shown the creditor on Schedule D (Official I Schedule E/F, or Schedule G to fill |
| out Co | olumn 2. | rolli 100E/F), of Sched | ule G (Official Poffii 10 | | |
| | Column 1: Your codebtor Jame, Number, Street, City, State and ZI | P Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 1 | Name Number Street | | | ☐ Schedule D, lir☐ Schedule E/F,☐ Schedule G, lir☐ | line |
| (| City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lir | |
| | Name | | | _ ☐ Schedule D, III | |
| | | | | ☐ Schedule G, lir | |
| 1 | Number Street | | | _ | |
| (| City | State | ZIP Code | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Cill | in this information to identify your ca | 200. | | | | | | | | |
|---------------------------------|---|--|---|-----------------------|-----------------|---|-------------------------------|------------------------------|-----------------|--|
| | otor 1 Amos Osbo | | | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : DISTRICT OF NEW JE | ERSEY | | _ | | | | | |
| | ze number 23-10488 | | | | | Check if this is An amende A supplement | ed filing ent showir | ng postpetition | chapter | |
| Of | fficial Form 106I | | | | | MM / DD/ Y | | onowing date. | | |
| So | chedule I: Your Inc | ome | | | | WIWI 7 DD7 | | | 12/15 | |
| sup _l spo atta | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filin r spouse is not filing wit | g jointly, and your s h you, do not includ | spouse i de inforr | s livi natio | ng with you, incl on about your spo | ude infor | mation about ore space is | your needed, | |
| 1. | Fill in your employment information. | | | Debtor 1 | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed | | | ■ Empl | ■ Employed | | | |
| | | _mproymont otatao | ☐ Not employed | | | ☐ Not e | mployed | | | |
| | employers. | Occupation | tion Corrections | | | | CFO | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Monmouth Cour | nty | | Monmouth ARts NON-Profit | | | t | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed th | ere? 12 years | s | | | l years | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If y | ou have nothing to re | port for | any li | ne, write \$0 in the | space. In | clude your nor | n-filing | |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | mbine the information | n for all e | emplo | yers for that perso | on on the I | ines below. If y | you need | |
| | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, or | | | 2. | \$ | 9,240.57 | \$ | 5,416.00 | | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$_ | 9,240.57 | \$_ | 5,416.00 | | |

| Deb | tor 1 | Amos Osborne | _ | C | Case number (if ki | nown) | 23-10 |)488 | | |
|-----|--------------------|---|----------|------------|-----------------------|--------------|---------------|-----------------|--------------------------|-------------------|
| | Cor | by line 4 here | 4. | | For Debtor 1 \$ 9,240 | 0.57 | | | 2 or spouse 416.00 | |
| _ | - | | | | <u> </u> | <i>7.01</i> | • • — | , | 410.00 | _ |
| 5. | 5a. | t all payroll deductions: Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a 5b | | \$\$ | | \$ | 1, | ,516.00 | _ |
| | 5b. 5c. | Voluntary contributions for retirement plans | | | · | 0.00 | | | 0.00 | _ |
| | 5d. | Required repayments of retirement fund loans | 50 50 | | | 6.34 2.00 | | | 0.00 | _ |
| | 5u. 5e. | Insurance | 5e | | : | 2.00 8.00 | | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | · | 0.00 | · | | 0.00 | _ |
| | 5g. | Union dues | 50 | | · | 0.00 | \$ | - | 0.00 | _ |
| | 5h. | Other deductions. Specify: | - |). 1.+ | · | 0.00 | - : — | | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ 3,74 | 5.96 | \$ | 1, | ,516.00 | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ 5,494 | 4.61 | \$ | 3, | ,900.00 | |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 88 | à. | \$ | 0.00 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b |). | | 0.00 | \$ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | \$ | 0.00 | \$ | | 0.00 | _ |
| | 8d. | | 80 | | · | 0.00 | | | 0.00 | _ |
| | 8e. | Social Security | 86 | | · : ——— | 0.00 | - \$ <u>-</u> | | 0.00 | _ |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | | | 0.00 | \$ \$ | | 0.00 | _ |
| | 8g. | Pension or retirement income | 8g | J . | \$ | 0.00 | \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | 8h | 1.+ | \$ | 0.00 | + \$ | | 0.00 | - - |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 5 | 0.00 | \$ | | 0.0 | 0 |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 5,494.61 | + \$ | 3,9 | 00.00 | = \$ | 9,394.61 |
| | Add | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | l L | | | | |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | depe | | ., | | , | Schedule 11. | | 0.00 |
| 12. | | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | 12. | \$ | 9,394.61 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | | ly income |
| | | No. Yes. Explain: | | | | | | | | |
| | 1 1 | I GO. LAUIGIII. | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| | | | | | | 1 | | |
|-------------|--|--|--|---|---|-----------------|--|-------------------------------|
| | in this informa | tion to identify yo | our case: | | | | | |
| Deb | tor 1 | Amos Osboi | rne | | | | c if this is: | |
| Deb | tor 2 | | | | | _ | An amended filing A supplement shov | ving postpetition chapter |
| (Spo | ouse, if filing) | | | | | _ 1 | 13 expenses as of | the following date: |
| Unit | ed States Bankr | uptcy Court for the | : DISTRI | CT OF NEW JERSEY | | <u> </u> | MM / DD / YYYY | |
| 1 | | -10488 | | | | | | |
| (If kr | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| | | J: Your | Exper | ises | | | | 12/15 |
| Be a | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer eve | s possible eded, atta ry questio | . If two married people an | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House it case? | ehold | | | | | |
| | ■ No. Go to | line 2. | in a separ | ate household? | | | | |
| | □ N | 0 | • | | | | | |
| | | | st file Offic | ial Form 106J-2, <i>Expenses</i> | s tor Separate House | enola of Debto | or 2. | |
| 2. | Do you have | e dependents? | ☐ No | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Son | | 6 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include f people other t | han | No | | | | |
| | | d your depende | | Yes | | | | |
| Par | t 2: Estim | ate Your Ongoi | na Month | ly Fynansas | | | | |
| Est exp | imate your ex | penses as of y | our bankr | uptcy filing date unless y y is filed. If this is a supp | | | | |
| Incl the | lude expense value of such | s paid for with | non-cash d have in | government assistance i | f you know Your Income | | | |
| | ficial Form 10 | | | | | | Your exp | enses |
| 4. | | r home owners | | nses for your residence. I or lot. | nclude first mortgage | e 4. \$ | | 1,698.00 |
| | If not includ | ed in line 4: | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. \$ | | 0.00 |
| | • | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | | | upkeep expenses | | 4c. \$ | | 50.00 |
| 5. | | owner's associat | | dominium dues our residence, such as ho | me equity loans | 4d. \$ 5. \$ | | 0.00 |
| o. | , additional I | igage payiii | i o i y i | rai i colacilet, sucil de liu | THE EQUITY IDUITE | υ. ψ | | 0.00 |

| Debtor 1 | Amos C | Osborne | Case nur | nber (if known) | 23-10488 |
|----------------|---------------------------------|---|---------------------|-----------------|-------------------------------|
| 6. Util | lities: | | | | |
| 6a. | | /, heat, natural gas | 6a | . \$ | 275.00 |
| 6b. | Water, se | ewer, garbage collection | 6b | . \$ | 175.00 |
| 6c. | Telephon | ne, cell phone, Internet, satellite, and cable services | 6c | . \$ | 0.00 |
| 6d. | Other. Sp | pecify: | 6d | . \$ | 0.00 |
| . Foo | od and hous | sekeeping supplies | 7 | . \$ | 550.00 |
| | | children's education costs | 8 | . \$ | 0.00 |
| Clo | thing, laun | dry, and dry cleaning | 9 | . \$ | 250.00 |
| | • | products and services | 10 | . \$ | 160.00 |
| | | ental expenses | 11. | . \$ | 50.00 |
| | | I. Include gas, maintenance, bus or train fare. | | · — | |
| | | car payments. | 12 | . \$ | 240.00 |
| 3. Ent | tertainment | , clubs, recreation, newspapers, magazines, and books | 13 | . \$ | 75.00 |
| . Cha | aritable con | tributions and religious donations | 14 | . \$ | 0.00 |
| . Ins | urance. | | | | |
| Do | not include i | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a | a. Life insur | ance | 15a | | 0.00 |
| 15b | o. Health in | surance | 15b | . \$ | 0.00 |
| 15c | c. Vehicle ir | nsurance | 15c | . \$ | 0.00 |
| 15d | d. Other ins | urance. Specify: | 15d | . \$ | 0.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 2 | | | |
| | ecify: | | 16 | . \$ | 0.00 |
| | | lease payments: | | _ | |
| | | nents for Vehicle 1 | 17a | · | 0.00 |
| | | nents for Vehicle 2 | 17b | · | 0.00 |
| | c. Other. Sp | - | 17c | | 0.00 |
| | d. Other. Sp | · | 17d | . \$ | 0.00 |
| | | s of alimony, maintenance, and support that you did not re | | . \$ | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Forn | n 106I) . 18 | . Ф | |
| | ier payment ecify: | ts you make to support others who do not live with you. | 19 | · | 0.00 |
| • | | perty expenses not included in lines 4 or 5 of this form or | | | |
| | | es on other property | 20a. | | 0.00 |
| | . Real esta | | 20b | | 0.00 |
| | | homeowner's, or renter's insurance | 20c | | 0.00 |
| | | ince, repair, and upkeep expenses | 20d | | 0.00 |
| | | ner's association or condominium dues | 20e | · · | 0.00 |
| | | | | . φ . +\$ | |
| . Oth | ner: Specify: | Non filing Spouses Expenses | | . +⊅ | 2,000.00 |
| 2. Cal | culate your | monthly expenses | | | |
| | | 4 through 21. | | \$ | 5,523.00 |
| 22b | o. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | |
| | | 2a and 22b. The result is your monthly expenses. | | \$ | 5,523.00 |
| | | , , , | | | 5,525.00 |
| | - | monthly net income. | | | |
| | | e 12 (your combined monthly income) from Schedule I. | 23a | | 9,394.61 |
| 23b | o. Copy you | r monthly expenses from line 22c above. | 23b | \$ | 5,523.00 |
| | | | | | |
| 23c | | your monthly expenses from your monthly income. | 220 | . \$ | 3,871.61 |
| | The resu | It is your monthly net income. | 23c | . μ | 3,071.01 |
| For | example, do y dification to the | an increase or decrease in your expenses within the year you expect to finish paying for your car loan within the year or do you expert of your mortgage? | | | ease or decrease because of a |
| | | Evalois here: Wifee expenses include her hadest ex | mancac | | |
| ⊔′ | Yes. | Explain here: Wifes expenses include her budget ex | penses | | |

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| Fill in this infor | mation to identify your | case: | | |
|---------------------------------|--|---|---------------------------------|---|
| Debtor 1 | Amos Osborne | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | <u> </u> | |
| Case number | 23-10488 | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official For | m 106Dec | | | |
| | | n Individual D | ebtor's Schedu | iles 12/15 |
| Doolar a | tion / toodt d | THAIT I I I I I I I I I I I I I I I I I I | obtor o odrioda | 12/13 |
| If two married p | eople are filing together | , both are equally responsibl | e for supplying correct inforn | nation. |
| obtaining mone | | n connection with a bankrupt | | false statement, concealing property, or to \$250,000, or imprisonment for up to 20 |
| Sig | ın Below | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attorney | to help you fill out bankruptcy | y forms? |
| ■ No | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the summary | and schedules filed with this | s declaration and |
| X /s/ Am | os Osborne | | X | |

Amos Osborne Signature of Debtor 1

Date February 21, 2023

Signature of Debtor 2

Date

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| Fill | in this info | rmation to identify you | r case: | | | |
|----------|--------------------------|---|--|-------------------------------------|--|---------------------------------|
| Deb | tor 1 | Amos Osborne | | | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| (Spui | use II, IIIIIIg) | First Name | Middle Name | Last Name | | |
| Unit | ed States E | Bankruptcy Court for the: | DISTRICT OF NEW JERS | SEY | | |
| Cas | e number | 23-10488 | | | | |
| (if kn | | | | | | heck if this is an |
| | | | | | a | mended filing |
| | | | | | | |
| ∩ff | ficial F | orm 107 | | | | |
| | | - | Affaira far Individ | duals Eiling for D | onkruptov | 0.4/0.0 |
| <u> </u> | atemen | it of Financial | Affairs for Individ | auais Filling for B | апкгирісу | 04/22 |
| | | | | | equally responsible for sup | |
| | | more space is needed, wn). Answer every ques | | this form. On the top of any | y additional pages, write you | ir name and case |
| | | , , , , , , | | | | |
| Par | Give | Details About Your Ma | erital Status and Where You | Lived Before | | |
| 1. | What is yo | our current marital statu | is? | | | |
| | _ | | | | | |
| | ■ Marrie | | | | | |
| | □ Not m | arried | | | | |
| 2. | During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| | _ | | | | | |
| | ■ No | | | | | |
| | ☐ Yes. l | ist all of the places you li | ived in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| | Debtor 1: | | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | | | lived there | | | lived there |
| 3. | Within the | last 8 years, did you ev | ver live with a spouse or leg | gal equivalent in a commun | ity property state or territory | ? (Community property |
| | | | | | co, Texas, Washington and W | |
| | | | | | | |
| | ■ No | Anton nome con till not Cal | a alula III Varin Carlabtana (O | #: -: -! Farra 400!!\ | | |
| | ☐ Yes. N | viake sure you fill out Scr | nedule H: Your Codebtors (Of | mciai Form 106H). | | |
| Par | 2 Expl | ain the Sources of You | r Income | | | |
| | • | | | | | |
| 4. | | | | | ear or the two previous caler | ndar years? |
| | | | u received from all jobs and a have income that you receive | | | |
| | ii you are ii | iiing a joint base and you | Thave indefine that you receive | o togother, not it only office di | idol Boblol 1. | |
| | □ No | | | | | |
| | Yes. F | Fill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | | Crace income | | Cross income |
| | | | Sources of income Check all that apply. | Gross income (before deductions and | Sources of income Check all that apply. | Gross income (before deductions |
| | | | | exclusions) | | and exclusions) |
| For | last calend | dar year: | Wagon commissions | \$90,000.00 | ☐ Wages, commissions, | |
| | | December 31, 2022) | Wages, commissions, bonuses, tips | 400,000.00 | bonuses, tips | |
| | | | _ | | ☐ Operating a business | |
| | | | Operating a business | | - Operating a publicess | |

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Case number (if known) 23-10488 Debtor 1 **Amos Osborne** Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment Total amount** Amount vou Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

Total amount

paid

Amount you

still owe

Dates of payment

Reason for this payment Include creditor's name

Yes. List all payments to an insider

Insider's Name and Address

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Debtor 1 **Amos Osborne** Case number (if known) 23-10488 Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Date Value of the **Describe the Property** property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? Nο Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No

- - Yes. Fill in the details.

Describe the property you lost and Describe any insurance coverage for the loss how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost Case 23-10488-MBK Doc 9 Filed 02/21/23 Entered 02/21/23 11:27:38 Desc Main Document Page 24 of 45

Debtor 1 Amos Osborne Case number (if known) 23-10488

| Par | t 7: List Certain Payments or Transfers | | | | | |
|-----|--|--|---|----------------|--|---|
| 16. | Within 1 year before you filed for bankruptcy consulted about seeking bankruptcy or prepinclude any attorneys, bankruptcy petition prep | paring a bankruptcy pe | tition? | | | erty to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and transferred | Description and value of any property transferred | | | Amount o paymen |
| | Camille J. Kassar Law Offices of Camille J. Kassar 271 Route 46 West Suite C-102 Fairfield, NJ 07004 | Attorney fees a | and costs | | | \$1,313.00 |
| 17. | Within 1 year before you filed for bankruptopromised to help you deal with your credito Do not include any payment or transfer that you | rs or to make payment | | | r transfer any prope | erty to anyone who |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and transferred | value of any prope | erty | Date payment or transfer was made | Amount o paymen |
| 18. | Within 2 years before you filed for bankrupte transferred in the ordinary course of your be include both outright transfers and transfers mainclude gifts and transfers that you have alread No | usiness or financial aff ade as security (such as | airs? the granting of a se | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | | | iny property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No | | ny property to a se | lf-settled tru | st or similar device | of which you are a |
| | Yes. Fill in the details. | | | | | |
| | Name of trust | Description and | value of the prope | rty transferre | ed | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Ins | struments, Safe Depos | it Boxes, and Stora | age Units | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, associated to the cooperative of the cooperative | r other financial accou | ınts; certificates of | | | |
| | No | | | | | |
| | Yes. Fill in the details. | 1 4 4 .0. 15 | T | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | clos | e account was sed, sold, ved, or | Last balance before closing o transfe |

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Debtor 1 Amos Osborne Case number (if known) 23-10488

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | |
|-----|--|--|---------------------------------------|-----------------------|--|--|--|--|--|
| | ■ No | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | | |
| 22. | Have you stored property in a storage unit or p | place other than your home within 1 | year before you filed for bankruptcy | ? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | | | |
| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | | |
| Par | t 10: Give Details About Environmental Inform | , | | | | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | • | | | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | - | aw, whether you now own, operate, | or utilize it or used | | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | waste, hazardous substance, toxic s | substance, | | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of when | they occurred. | | | | | | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | under or in violation of an environme | ental law? | | | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | |

Case 23-10488-MBK Doc 9 Filed 02/21/23 Entered 02/21/23 11:27:38 Page 26 of 45 Document Debtor 1 Amos Osborne Case number (if known) 23-10488 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Amos Osborne **Amos Osborne** Signature of Debtor 2 Signature of Debtor 1 Date February 21, 2023 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person

■ No

| Fill in this information to identify your case: | | | | | |
|---|--|--|--|--|--|
| Debtor 1 | Amos Osborne | | | | |
| Debtor 2 (Spouse, if filing) | | | | | |
| United States B | United States Bankruptcy Court for the: District of New Jersey | | | | |
| Case number (if known) | 23-10488 | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | | | |
|-------|--|--|--|--|--|--|--|--|
| 1 | According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 5,416.00 9,241.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 0.00 0.00 Copy here -> \$ Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property **Debtor 1** 0.00 \$ Gross receipts (before all deductions) 0.00 -\$ Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

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Case number (if known)

23-10488

Column A Column R Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 \$ 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 9.241.00 + \$ 5,416.00 14,657.00 each column. Then add the total for Column A to the total for Column B. monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 14,657.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 2,000.00 2.000.00 Copy here=> 12,657.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 12,657.00 15a. Copy line 14 here=>

Debtor 1

Amos Osborne

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| Debto | or 1 | Am | os Osborne | | Case number (if known) | 23-10488 | |
|-------|--------|--------------|--|-----------------------------|---------------------------------|-------------------|----------------------|
| | | M | ultiply line 15a by 12 (the number of months in | a year). | | | x 12 |
| | 15b. | . Tł | ne result is your current monthly income for the | year for this part of the | form | | \$151,884.00_ |
| 16. | Calcu | ulate | the median family income that applies to yo | ou. Follow these steps: | | | |
| | 16a. l | Fill ir | n the state in which you live. | NJ | | | |
| | 16b. l | Fill ir | n the number of people in your household. | 3 | | | |
| | | To fi | n the median family income for your state and sind a list of applicable median income amounts, uctions for this form. This list may also be availed | go online using the link | | | \$113,460.00 |
| 17. | How | do t | he lines compare? | | | | |
| | 17a. | | Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do No. | | | | |
| | 17b. | | Line 15b is more than line 16c. On the top o 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab | lation of Your Disposa | | | |
| Part | 3: | Ca | Iculate Your Commitment Period Under 11 U | J.S.C. § 1325(b)(4) | | | |
| 18. | Сору | you | ur total average monthly income from line 11 | 1. | | \$ | 14,657.00 |
| 19. | conte | nd t se's | ne marital adjustment if it applies. If you are related calculating the commitment period under 11 income, copy the amount from line 13. Example: marital adjustment does not apply, fill in 0 on life. | U.S.C. § 1325(b)(4) all | | r - \$_ | 2,000.00 |
| | 19b. 5 | Sub | tract line 19a from line 18. | | | | \$12,657.00 |
| 20. | Calcu | ulate | your current monthly income for the year. | Follow these steps: | | | |
| | 20a. | Cop | y line 19b | | | | \$12,657.00 |
| | 1 | Mult | iply by 12 (the number of months in a year). | | | | x 12 |
| | 20b. | The | result is your current monthly income for the ye | ar for this part of the for | m | | \$ 151,884.00 |
| | 20c. | Cop | y the median family income for your state and s | ize of household from li | ne 16c | | \$ <u>113,460.00</u> |
| | 21. | How | do the lines compare? | | | | |
| | | | Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4. | e ordered by the court, o | on the top of page 1 of this fo | rm, check bo | x 3, The commitment |
| | | | Line 20b is more than or equal to line 20c. Unlocommitment period is 5 years. Go to Part 4. | ess otherwise ordered b | by the court, on the top of pag | e 1 of this for | m, check box 4, The |
| Part | 4: | Si | gn Below | | | | |
| | By si | gnin | g here, under penalty of perjury I declare that th | e information on this sta | atement and in any attachmer | nts is true and | d correct. |
| Х | | | os Osborne | | | | |
| | | | Osborne re of Debtor 1 | | | | |
| | Date | | bruary 21, 2023 1/DD / YYYY | | | | |
| | If you | che | cked 17a, do NOT fill out or file Form 122C-2. | | | | |
| | If you | che | cked 17b. fill out Form 122C-2 and file it with th | nis form. On line 39 of th | at form, copy your current mo | nthly income | from line 14 above. |

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Debtor 1 Amos Osborne Case number (if known) 23-10488

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| | | | | | = | | | | |
|--------------|--|--|--|---------------------------------|--|------------------|------------|--------------|----------|
| Fill in this | information to id | dentify your case: | | | | | | | |
| Debtor 1 | Amos Osb | orne | | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse, if | filing) | | | | | | | | |
| United Sta | tes Bankruptcy Co | urt for the: District | of New Jersey | | | | | | |
| Case numl | per 23-10488 | | | | | | | | |
| (if known) | | | | | | ☐ Check in | this is ar | amended | d filing |
| Official For | ·m 122C-2 | | | | | | | | |
| | _ | ulation of Y | our Dispo | sable lı | ncome | | | | 04/22 |
| | his form, you wil ent Period (Officia | need your complet I Form 122C-1). | ted copy of <i>Chapte</i> | er 13 Stateme | ent of Your Curre | ent Monthly Ir | come and | Calculation | on of |
| space is ne | eded, attach a se | e as possible. If two eparate sheet to this name and case nu | s form, Include the | | | | | | |
| Part 1: | Calculate Your | Deductions from Yo | our Income | | | | | | |
| the que | stions in lines 6- | rvice (IRS) issues N I5. To find the IRS s available at the ban | standards, go onlin | e using the | | | | | |
| expense | es if they are highe | nts set out in lines 6- r than the standards. ct any amounts that yo | . Do not include any | operating ex | penses that you s | ubtracted from | income in | | |
| If your e | xpenses differ fror | n month to month, en | nter the average exp | ense. | | | | | |
| Note: Lii | ne numbers 1-4 ar | e not used in this forr | m. These numbers a | apply to inforr | nation required by | y a similar form | used in ch | napter 7 cas | ses. |
| 5. Th | e number of peop | ole used in determin | ning your deduction | ns from inco | me | | | | |
| plu | s the number of ar | people who could be only additional dependent in your household. | | | | | 3 | | |
| Nationa | l Standards | You must use the | e IRS National Stand | dards to ansv | wer the questions | in lines 6-7. | | | |
| | | other items: Using t dollar amount for food | | | d in line 5 and the | IRS National | | \$ | 1,610.00 |
| the peo | dollar amount for ople who are 65 or | n care allowance: Us out-of-pocket health olderbecause older | care. The number of r people have a high | f people is sp ner IRS allow | olit into two catego ance for health ca | riespeople w | ho are unc | ler 65 and | |

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Debtor 1 **Amos Osborne** Case number (if known) 23-10488 People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 75 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 225.00 Copy here=> \$ 225.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 153 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 0.00 7g. Total. Add line 7c and line 7f 225.00 Copy total here=: 225.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 786.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,570.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Pnc Mortgage 1.698.00 \$ Сору Repeat this amount 1,698.00 1,698.00 9b. Total average monthly payment \$ here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 872.00 872.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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Case number (if known)

23-10488

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 1.012.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment -NONE-\$ Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Copy Repeat this here amount on line Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Debtor 1

Amos Osborne

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Debtor 1 Amos Osborne Case number (if known) 23-10488

| | In addition to the expense de the following IRS categories | | s listed above | , you are allowed your monthly expenses | for | |
|--|--|---|---|--|-----|----------|
| 16. Taxes: The total monthly am self-employment taxes, social | nount that you will actually pal security taxes, and Medica wever, if you expect to receing me the total monthly amount | ay for feare taxes | s. You may inc refund, you m | d local taxes, such as income taxes, slude the monthly amount withheld from ust divide the expected refund by 12 for taxes. | \$ | 3,595.00 |
| Involuntary deductions: The contributions, union dues, ar | | ictions th | nat your job red | quires, such as retirement | | |
| Do not include amounts that | are not required by your job | , such a | s voluntary 40 | 1(k) contributions or payroll savings. | \$ | 0.00 |
| filing together, include payme | ents that you make for your life insurance on your depe | spouse's | s term life insu | e insurance. If two married people are rance. spouse's life insurance, or for any form | \$ | 0.00 |
| 19. Court-ordered payments: administrative agency, such | as spousal or child support | paymen | ts. | by the order of a court or You will list these obligations in line 35. | \$ | 0.00 |
| 20. Education : The total monthly | | | • | ŭ | | |
| as a condition for your job | | | | | | |
| for your physically or mer | ntally challenged dependent | child if r | no public educa | ation is available for similar services. | \$ | 0.00 |
| 21. Childcare: The total monthly Do not include payments for | | | • | sitting, daycare, nursery, and preschool. | \$ | 0.00 |
| | and welfare of you or your Include only the amount the | depende at is mor | ents and that is e than the tota | | \$ | 0.00 |
| for you and your dependents phone service, to the extent income, if it is not reimburse Do not include payments for | s, such as pagers, call waitir necessary for your health and d by your employer. basic home telephone, inte | ng, caller nd welfar rnet and | identification, re or that of you cell phone ser | you pay for telecommunication services special long distance, or business cell ur dependents or for the production of vice. Do not include self-employment ount you previously deducted. | +\$ | 0.00 |
| 24. Add all of the expenses all Add lines 6 through 23. | owed under the IRS exper | nse allov | wances. | | \$ | 8,100.00 |
| Additional Expense Deductions | These are additional de Note: Do not include ar | | | | | |
| | | | | ses. The monthly expenses for health ly necessary for yourself, your spouse, o | r | |
| Health insurance | | \$ | 178.00 | | | |
| Disability insurance | | \$ | 0.00 | | | |
| Health savings account | + | \$ | 0.00 | ٦ | | |
| Total | | \$ | 178.00 | Copy total here=> | \$ | 178.00 |
| Do you actually spend this to □ No. How much do yo | otal amount? | | | L | | |
| | ou actually spend? | | | | | |
| Yes | ou actually spend? | \$ | | | | |
| Continuing contributions to continue to pay for the reason. | to the care of household on the care of household on the care and necessary care a sof your immediate family who | r family and supp o is unab | ort of an elder ble to pay for s | e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b) | \$ | 0.00 |
| 26. Continuing contributions to continue to pay for the reason your household or member of include contributions to an action against family with the contribution against family with the contributions to continue to pay for the reason your family with the contributions to continue to pay for the reason your family with the continue to pay for the reason your family with the continue to pay for the reason your family with the continue to pay for the reason your family with the continue to pay for the reason your family with the continue to pay for the reason your family with the contribution and the contribution and the contribution are contributions to an action of the contribution and the contribution are contributions. | to the care of household on the care of household on the care and for the count of a qualified ABLE priolence. The reasonably ne | r family and supp o is unab program. | ort of an elder ple to pay for s 26 U.S.C. § 5 monthly expe | ly, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 0.00 |

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| ebtor 1 | Amos Osborne | Case | number (if kno | wn) | 23-10 | 488 | | | |
|---------|---|--|------------------------------|---------------|----------------------------------|-----|------------|-------------|--|
| | Additional home energy costs. Your hom line 8. | e energy costs are included in your insurance | and operati | ing e | expenses | on | | | |
| | If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs | | | | | | | | |
| | You must give your case trustee document amount claimed is reasonable and necessa | ation of your actual expenses, and you must shary. | now that the | e ado | ditional | | \$ | 0.0 | |
| , | Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school. | dren who are younger than 18. The monthly expendent children who are younger than 18 years | expenses (r ars old to at | not n tend | nore than I a private | or | | | |
| (| You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must export already accounted for in lines 6-23. | plain why t | the a | amount | | | | |
| , | * Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment. | | | | | | | | |
| - 1 | | he monthly amount by which your actual food a gallowances in the IRS National Standards. Th s in the IRS National Standards. | | | | | | | |
| | | ional allowance, go online using the link specif so be available at the bankruptcy clerk's office. | ied in the se | epar | ate | | | | |
| , | You must show that the additional amount claimed is reasonable and necessary. | | | \$ | 0.0 | | | | |
| | Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). | | | | | | | | |
| ı | Do not include any amount more than 15% | of your gross monthly income. | | | | | \$ | 0.0 | |
| | Add all of the additional expense deduc Add lines 25 through 31. | tions. | | | | | \$_ | 178.00 | |
| | actions for Debt Payment | | | | | | | | |
| | · | : | | | :-1- | | | | |
| | on debts that are secured by an interest bans, and other secured debt, fill in lines | in property that you own, including home m 33a through 33e. | iortgages, | ven | icie | | | | |
| | o calculate the total average monthly paym reditor in the 60 months after you file for ba | ent, add all amounts that are contractually due nkruptcy. Then divide by 60. | to each se | cure | ed | | | | |
| | Mortgages on your home | | | | | | | age monthly | |
| 33a. | Copy line 9b here | | | | , | => | payn \$ | 1,698.00 | |
| JJa. | | | | | | | Ψ | 1,030.00 | |
| 22h | Loans on your first two vehicles | | | | | | ¢. | 0.00 | |
| 33b. | | | | | | => | » — | 0.00 | |
| 33c. | Copy line 13e here | | | | | => | \$ | 0.00 | |
| 33d. | List other secured debts: | | | | | | | | |
| Name | e of each creditor for other secured debt | Identify property that secures the debt | | inclu | s payme ude taxes isurance | 3 | | | |
| | | | | OI II | | | | | |
| | | | | | No | | | | |
| | -NONE- | | | | No Yes | | c | | |
| | -NONE- | | | | No Yes | | \$ | | |
| | -NONE- | | | | | | \$ | | |
| | -NONE- | | | | Yes | | \$ \$ | | |
| | -NONE- | | | | Yes No Yes | | · — | | |
| | -NONE- | | _ | | Yes No Yes No | | \$ | | |
| | -NONE- | | _ | | Yes No Yes No | + | · — | | |

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| ebtor 1 | Amo | os Osborne | | | Cas | se nu | mber (if known) 2 | 3-10488 | | |
|------------------|------------------------------|---|--|------------------------|-------------------|----------------|-------------------|---|------------------|-----------|
| | | debts that you listed in lir property necessary for yo | | | | e, | | | | |
| | No. | Go to line 35. | | | | | | | | |
| | Yes. | State any amount that you listed in line 33, to keep po Next, divide by 60 and fill | ossession of your property | | | | | | | |
| Name | of the | creditor | Identify property that se | ecures the del | ot | То | tal cure amount | | Monthly mount | cure |
| Pnc | Morto | gage | 630 Wayside Rd N Monmouth County | | 07753 \$ \$ | | 15,000.00 | $\div 60 = \$$ $\div 60 = \$$ $\div 60 = +\$$ | | 250.00 |
| | | | | | Total | \$_ | 250.00 | Copy | • | 250.00 |
| | | owe any priority claims - s due as of the filing date o | | | | hat | |] | | |
| | No. | Go to line 36. | | | | | | | | |
| | Yes. | Fill in the total amount of a ongoing priority claims, su | ch as those you listed in I | ine 19. | | | | | | |
| | | Total amount of all past- | due priority claims | | | \$_ | 0.00 | • 60 | \$_ | 0.00 |
| 36. Pr | ojecte | d monthly Chapter 13 pla | n payment | | | \$_ | | _ | | |
| Off the To | fice of Exec find a li | nultiplier for your district as the United States Courts (for utive Office for United State ist of district multipliers that incl nstructions for this form. This lis | or districts in Alabama and es Trustees (for all other d udes your district, go online u | North Carol istricts). | ina) or by | х ₋ | | Copy tota | al | |
| Av | erage | monthly administrative expe | ense | | | | \$ | here=> | | |
| 37. A | dd all | of the deductions for deb | ot payment. Add lines 33e | e through 36. | | | | | \$ | 1,948.00 |
| Total I | Deduc | tions from Income | | | | | | | | |
| 38. Ad | ld all c | of the allowed deductions | • | | | | | | | |
| e. | xpens | | | | 8,100.0 | 0_ | | | | |
| С | opy lir | ne 32, All of the additional e | xpense deductions | \$ | 178.0 | 0 | | | | |
| С | opy lir | ne 37, All of the deductions | for debt payment | +\$ | 1,948.0 | 0 | ٦ | | | |
| Т | otal de | eductions | | \$ | 10,226.0 | 0 | Copy total here= | > | \$ | 10,226.00 |

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| Debtor 1 | Amos Osborn | le | | Case | number (<i>if known</i> | 23-10 | 488 | |
|--|---|--|---|-----------------------------------|---|----------------------------------|------------------------|-----------|
| Part 2: | Determine Yo | ur Disposable Income Under 11 U.S.C. § 13 | 25(b)(2) | | | | | |
| | | rrent monthly income from line 14 of Form of Current Monthly Income and Calculation of | | | | \$ | | 12,657.00 |
| chi disa rec | ildren. The monthability payments feived in accordar | bly necessary income you receive for supporting average of any child support payments, for a dependent child, reported in Part I of Fornace with applicable nonbankruptcy law to the ended for such child. | ter care payment n 122C-1, that yo | s, or ou | \$ | 0.00 | | |
| em in 1 | ployer withheld fr | retirement deductions. The monthly total of a om wages as contributions for qualified retirem ()(7) plus all required repayments of loans from C. § 362(b)(19). | nent plans, as sp | ecified | \$ | 1,358.34 | | |
| 42. Tot | al of all deduction | ons allowed under 11 U.S.C. § 707(b)(2)(A). | Copy line 38 her | e=> | \$1 | 0,226.00 | | |
| exp the | penses and you hir expenses. You | cial circumstances. If special circumstances jugave no reasonable alternative, describe the special give your case trustee a detailed explanation for the expenses. | ecial circumstan | | | | | |
| Descri | be the special ci | ircumstances | Amount o | f expen | se | | | |
| | | | \$ | | _ | | | |
| | | | \$ | | | | | |
| | | | \$ | | | | | |
| | | Total | \$ | 0.00 | Copy here=>\$ | | 0.00 | |
| 44. Tot | tal adjustments. | Add lines 40 through 43. | | => \$ | 11,584 | Cop her | py re=> - \$ | 11,584.34 |
| 45. Ca l | - | nthly disposable income under § 1325(b)(2). | . Subtract line 44 | from lin | e 39. | | \$ | 1,072.66 |
| hav time you | ve changed or are e your case will b u filed your petitio | or expenses. If the income in Form 122C-1 or e virtually certain to change after the date you fe open, fill in the information below. For example, check 122C-1 in the first column, enter line in when the increase occurred, and fill in the a | filed your bankru ple, if the wages 2 in the second o | otcy peti reported olumn, e | tion and during increased at | ng the fter | | |
| Form | Line | Reason for change | Date of | hange | Increase decrease | | mount of ch | nange |
| ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 | 0-2 0-1 0-2 0-1 0-2 0-1 | | | | ☐ Increa ☐ Decre ☐ Increa ☐ Decre ☐ Increa ☐ Decre ☐ Increa ☐ Decre | ase \$ se ase \$ se ase \$ se se | | |

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| Debtor 1 | Amos Osborne | Case number (if known) | 23-10488 | |
|----------|--|---|-------------------------------|---|
| | | | | _ |
| Part 4: | Sign Below | | | |
| В | By signing here, under penalty of perjury you declare that the | information on this statement and in any atta | achments is true and correct. | |
| | /s/ Amos Osborne Amos Osborne Signature of Debtor 1 | _ | | |
| _ | February 21, 2023 MM / DD / YYYY | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Entered 02/21/23 11:27:38 Desc Main Case 23-10488-MBK Doc 9 Filed 02/21/23 Page 43 of 45 Document UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-1(b) Camille J. Kassar, Esq. Law Offices of Camille J. Kassar 271 Route 46 West, Suite C-102 Fairfield, NJ 07004 973-227-3296 ckassar@locklawyers.com **Amos Osborne** In Re: Case No.: 23-10488 Chapter: 13 Judge: DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: ✓ Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ 4,750.00 . I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: • adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ 1,000.00

Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ ____ . The hourly fee charged by other members of my firm that may provide services to this client range from \$ to \$. I understand that I must receive the Court's approval of any fees or

\$ 3,750.00

\$ ____

1.

The balance due is:

The source of the funds paid to me was:

I have received:

✓ Debtor(s)

2.

The balance ✓ will — will not be paid through the plan.

expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1.

Other (specify below)

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| 3. | If a balance is due, the source of | If a balance is due, the source of future compensation to be paid to me is: | | |
|---------|------------------------------------|--|--|--|
| | ✓ Debtor(s) | ☐ Other (specify below) | | |
| 4. | I have or have not agreed | I to share compensation with another person(s) unless they are members of my law | | |
| firm. l | If I have agreed to share compens | sation with a person(s) who is not a member of my law firm, a copy of that ing in the compensation is attached. | | |
| prior t | r(s) as needed. If possible, Debto | overage counsel may appear at hearings on their behalf in lieu of counsel retained by or's counsel will advise Debtor(s) of the use of coverage counsel for any hearings reledge that coverage counsel may not be a member of my firm and may or may not | | |
| | /s/AO Debtor(s) | Initials Debtor(s) Initials | | |
| | | ree that coverage counsel may appear at hearings on their behalf in lieu of counsel ppearances related to the Debtor(s) matter will be made by me, the undersigned | | |
| | Debtor(s) | Initials Debtor(s) Initials | | |
| 6. | The Debtor(s) have reviewed to | his Disclosure and it is consistent with the terms of the Retainer Agreement. | | |
| Date: | February 21, 2023 | /s/ Amos Osborne | | |
| | | Amos Osborne Debtor | | |
| | | Debtoi | | |
| Date: | | T. C. D. L. | | |
| | | Joint Debtor | | |
| Date: | February 21, 2023 | /s/ Camille J. Kassar, Esq | | |
| | | Camille J. Kassar, Esq | | |
| | | Debtor's Attorney | | |

United States Bankruptcy CourtDistrict of New Jersey

| In re | Amos Osborne | | Case No. | 23-10488 | |
|-------|--------------|-------------------------|----------|----------|--|
| | | Debtor(s) | Chapter | 13 | |
| | | | | | |
| | | | | | |
| | VEDI | | | | |
| | VERI | FICATION OF CREDITOR M. | ATRIX | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date: | February 21, 2023 | /s/ Amos Osborne | |
|-------|-------------------|------------------|--|
| | | Amos Osborne | |

Signature of Debtor

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.